RULE

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Nonemergency Medical Transportation Program

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing is adopting the following rule in the Medicaid Program under the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing implements the following provisions in the Nonemergency Medical Transportation Program.

A. Coverage Requirements

1. The agency shall limit trips to 24 trips per year per recipient. This maximum is based on a two trip per month average utilization under the current program. The agency shall advise against and counsel recipients utilizing more than two trips per month. However due to the individual nature of need for medical care the service limit will not apply to monthly utilization.

2. Authorization for payment for transportation shall be issued only when the recipient provides proof and or a sworn statement that they have no other means of transportation on the date of the medical service. Family will be strongly encouraged to provide transportation at no cost to the recipient or the program.

3. When transportation is not available through family and friends, payment shall be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the agency and shall be determined according to the following hierarchy: city or parish public transportation, family and friends who meet the state license and insurance requirements and who are willing to enroll and be paid a flat rate for transportation, intrastate public conveyance (such as bus, train or plane), nonprofit agencies and organizations that provide a transportation service and who are enrolled in the Medicaid Program, and profit providers enrolled in the Medicaid Program. Recipients shall be allowed a choice of providers when the cost of two or more providers are equal.

4. Authorization for payment for transportation shall be issued only for transportation to the nearest available qualified provider of routine or specialty care within reasonable proximity to the individual. For purposes of this rule reasonable proximity shall be interpreted to mean the local city or town in which people of like living circumstance usually do their shopping and business activities. Recipients are encouraged to utilize medical providers of their choice in the community in which they reside when the recipient is also in need of Medicaid reimbursed transportation services. The fact that the agency will still pay for the actual medical service received outside of the community in which the recipient resides does not obligate the agency to reimburse for transportation to accommodate such a choice.

5. When the recipient chooses to utilize a medical provider outside of the community due to preference and/or history payment shall be authorized only for the cost of transportation to the nearest available provider.

6. The recipient shall be responsible for securing any reements with family and friends, nonprofit or profit viders to make the longer trip for the payment orized. If the recipient needs help with making such arrangements the agency will help but the help given will imply no obligation to provide a greater reimbursement.

7. When specialty treatment required by the recipient necessitates travel over extended distances authorization for payment for intrastate transportation shall be determined according to the following criteria. Intrastate transportation reimbursement shall be authorized when medical services are not available to the recipient in his community. Payment shall be authorized when free transportation is not available. The agency shall still authorize payment only for the most economical means of transportation. This may be through negotiating payment for transportation with family and or friends or through accessing the public conveyance systems such as bus, train or plane. The determination as to use of public conveyance shall be based on least cost, medical condition of the recipient to be transported, and availability of public conveyance.

8. When it has been verified that public conveyance is unavailable or inappropriate for intrastate transportation the recipient shall solicit transportation from family and friends. The agency will authorize payment to assist the family in accessing the needed medical services. Payment will be based on distance to be traveled to the nearest available milar or appropriate medical services, parking and tolls. In termining the amount of payment the cost of the least costly olic conveyance shall used as the base cost to be paid to the family. Payment shall not be available for room and board or meals.

9. When no other means of transportation is available through family and friends or public conveyance, the agency will solicit intra-state transportation through a nonprofit provider. The nonprofit provider will be paid a negotiated fee based the usual fee charged by the nonprofit provider, distance to be traveled and using the fees for public conveyance as a basis for determining the rate. If the nonprofit provider cannot accept the trip then the agency will negotiate with profit providers to access the least costly means of transportation available in the profit provider community. The negotiated fee shall be determined by distance to be traveled using the fees for public conveyance as a basis for determining the rate to be authorized.

10. Payment for nonemergency transportation to regular, predictable and continuing medical services, such as hemodialysis, chemotherapy or rehabilitation therapy, as determined by the agency, shall be a capitated payment.

11. The payment schedule for round trips to be utilized by the agency is as follows:

PROVIDER	SERVICE AUTHORIZED	AMOUNT
Public transit	Local transportation	Public rates
Family/friends	Local transportation	$ 7.50/per trip
Nonprofit	Local transportation	$ 12/recipient
Profit	Local transportation	$ 15/recipient
Family/friends	Capitated (Urban)	$ 75/month
	Capitated (Rural)	$115/month
Profit	Capitated (Urban)	$150/month
	Capitated (Rural)	$200/month
Public conveyance	Intrastate	Public rates
Family/friends	Intrastate	Negotiated*/trip
Nonprofit	Intrastate	Negotiated*
Profit providers	Intrastate	Negotiated*

*Negotiated payments shall be flat fees determined by distance to be traveled using the fees for public conveyance as a basis for determining the rate to be authorized. Flat fees shall be predetermined for frequently traveled routes for the area and the predetermined rate shall be the rate paid to all family/friend providers or to all nonprofit and profit providers.

12. The agency will not authorize "same day" trips except in the instance of need for immediate medical care due to injury or illness. Same day trips will not be authorized for scheduled appointments for predictable or routine medical care. Clients will be asked to reschedule the appointment and make the subsequent request for transportation timely.

13. Payment will not be made for any additional person(s) who must accompany the recipient to the medical provider.

14. An individual provider will be reimbursed for a trip to the nearest facility that will meet the recipient's medical needs. However, the individual provider may transport the recipient to a more distant facility if the individual provider will accept reimbursement from the bureau to the nearest facility and assumes responsibility for additional expenses incurred.

B. Enrollment Requirements:

1. For profit providers must comply with all state laws and the regulations of any other governing state agency or commission or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid Program.

2. Nonemergency medical transportation profit providers shall have a minimum liability insurance coverage of $100,000 per person and $300,000 per accident or a $300,000 combined service limits policy. The liability policy shall cover (1) any autos, (2) hired autos, and (3) nonowned autos. Premiums shall be prepaid for a period of six months. Proof of prepaid insurance must be a true and correct copy of the policy issued by home office of the insurance company. Statements from the agent writing the policy will not be acceptable. Proof

must include the dates of coverage and a 30 day cancellation notification clause. Proof of renewal must be received by the Medicaid agency no later than 48 hours prior to the end date of coverage. The policy must provide that the 30 day cancellation notification be issued to the Bureau of Health Services Financing. Upon notice of cancellation or expiration of coverage the agency will immediately cancel the provider agreement for participation. The ending date of participation shall be the ending date of insurance coverage. Retroactive coverage statements will not be accepted. Providers who lose the right to participate due to lack of prepaid insurance may re-enroll in the transportation program and will be subject to all applicable enrollment procedures, policies, and fees for new providers.

3. The $5,000 performance bond, letter of credit or cashier check is no longer required.

4. The 90 day waiting period in the enrollment process is no longer required.

5. Nonemergency medical transportation profit and nonprofit providers must have either a FAX machine or have the BLAST software capability as determined by the Medicaid Program based on the basis of volume of trips authorized to the provider.

6. As a condition of reimbursement for transporting Medicaid recipients to medical services, family and friends must maintain the state minimum automobile liability insurance coverage, a current state inspection sticker, and a current valid drivers license. No special inspection by the Medicaid agency will be conducted. Proof of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the Medicaid agency is sought. Proof shall be the sworn and notarized statement of the individual enrolling for payment that all three requirements are met. Family and friends shall be enrolled and shall be allowed to transport up to three specific Medicaid recipients or all members of one Medicaid assistance unit. The recipients to be transported by each such provider will be noted in the computer files of the agency. Individuals transporting more than three Medicaid recipients shall be considered profit providers and shall be enrolled as such.

7. As a condition of participation for out of state transport, providers of transportation to out of state medical services must be in compliance with all applicable federal interstate commerce laws regarding such transportation including but not limited to the $1,000,000 insurance requirement. Proof of compliance with all interstate commerce laws must be submitted when enrollment in the Medicaid Program is sought or prior to providing any out of state Medicaid transportation.

8. A provider must agree to cover the entire parish or parishes for which he provides nonemergency medical transportation services.

C. Recipients' Responsibilities

1. Recipients shall participate in securing transportation at low cost and shall agree to use public transportation or solicit transportation from family members and friends as an alternative to more costly means of transport.

2. When the recipient alleges that public conveyance cannot be used due to medical reasons, then verification shall be provided by giving the agency a written statement from a doctor that includes the specific reason(s) that the use of public conveyance is contraindicated by the medical condition of the recipient. In no case can preference of the recipient be the sole determining factor in excluding use of public conveyance.

D. Nonemergency Medical Transportation Utilization Review

1. The Medicaid Program will employ four regional transportation utilization review groups, with representation from the medical community to review recipient requests for extension of trips. The review will include consideration of patterns of utilization considered above the norm for the recipient's peer group and the particular medical needs of the recipient. A series of recipient profiles showing utilization patterns will be brought before the committee for review and only in cases where the committee recommends to the bureau an extension beyond the 24 trip limit will recipient's number of trips above 24 be reimbursed. The regional committee shall utilize basic extension criteria to be developed by Medicaid management. Approval to transport will not be made until the regional committee has recommended approval of the extension. The Medicaid director or his designee has the right to make urgent approvals without going before the committee.

2. Programming will be refined to utilize the prior authorization file to assure reimbursement only for authorized trips assigned a valid authorization number.

3. Any recipient who knowingly abuses the transportation program will be locked-in to a medical provider and a transportation provider of the department's choice after review by the regional committee and based on their recommendation.

D. Procedural Requirements

1. Dispatch personnel will coordinate to the extent possible trips for family members so that all recipients in a family are transported as a unit at one time to the same or close proximity providers.

2. Providers must submit a signed affidavit with claims certifying that a true and correct bill is being submitted.

3. If the provider has declined to accept a trip on a particular day the dispatch personnel will not assign additional trips to that provider for that same day.

G. Suspensions and Terminations

Providers are subject to suspension from the Nonemergency Medical Transportation Program upon agency documentation of inappropriate billing practices.

Rose V. Forrest
Secretary

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